स्वास्थ्य और परिवार कल्याण मंत्री (श्री बी० शंकरानन्द) : (क) से (ङ) सूचना एकत्र की जा रही है और सदन के पटल पर रख दी जाएगी ।

Centres covered under Malaria Scheme Operation

1135. SHRI SARADA MOHANTY : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) what are the centres that have been covered under Malaria scheme operation, country-wise, district-wise, village-wise,

(b) whether any policy has been prepared by the Central Government in this regard to operate the centres in the particular area;

(c) whether Government propose to issue the permission to operate the scheme by the private organisations in the different centres of the country;

(d) if so, the details thereof; and

(e) if not, what are the reasons therefor ?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND) : (a) and (b) The National Malaria Eradication Programme is being implemented all over the country through the Primary Health Care infrastructure.

(c) No, Sir.

(d) Does not arise.

(e) Preventive, promotive and curative anti-malaria activities are best carried out through the public health infrastructure.

Health Care Services for children

1136. SHRIMATI KAMLA SINHA : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether Government are aware of the fact that only 12 percent of rural children and 29 per cent of urban children have access to health care services;

(b) whether 60 per cent of Indian Children are malnourished and over three million children under the age of five die every year: the majority of them from diarrhoea; and

(c) if so, what steps Government intend to take or have taken to ensure the availability of health care services to the children of the country and what are the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND) : (a) No, Sir. A net-work of 131118 sub-centres, 20738 Primary Health Centres and 2128 Community Health Centres in the rural areas in addition to hospitals, dispensaries and other health facilities in the urban areas have been established to provide health care. Regular out-reach services under the Maternal and Child Health Programmes is also provided.

(b) As per the surveys conducted by National Nutrition Monitoring Bureau in eight States, 43.8 percent of children (1-5 years) suffer from moderate malnutrition and 87% from severe malnutrition. Based on the Child Mortality rates (Deaths among Children under the age of 5 years) published by the Registrar General of India (RGI) for 1990, it is estimated that 2.8 million children out of the total population of approximately 106 million die every year. The estimates based on the survey of Causes of Deaths (Rural)—1990 published by RGI show that diarrhoea (Gastro-enteritis, cholera and dysentery) accounts for approximately 9.5 per cent of all deaths among children under 5 years of age in rural areas.

(c) Programmes like Immunisation, Oral Rehydration Therapy, Pneumonia control (ARI Programme) along with prophylaxis against anaemia and vitamin 'A' deficiency are under implementation as part of the Maternal and Child Health Programme. These are being intensified under the Child Survival and Safe Motherhood Programme in a phased manner. Besides these, the Iodine Deficiency Control Programme and Supplementary Nutrition Programmes such as Integrated Child Development Services, Special Nutrition Programme, Balwadi Nutrition Programme and Mid-day Meal Programme are also being implemented.

Deaths due to Malaria in the Country

1137. SHRI KRISHNA KUMAR BIRLA : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether the Malaria related deaths have almost doubled during the year 1991 as per report of the National Malaria Eradication programme ;

(b) if so, the facts and details thereof ;

(c) whether the steps contemplated by

Government to eradicate/check the rise in cases of Malaria related diseases are not proved effective;

(d) if so, the reasons therefor; and

(e) what steps Government propose to take to check Malaria cases in the country?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): (a) and (b) No Sir. The total number of malaria deaths reported during 1991 was 421 against 353 reported in 1990.

(c) and (d) The measures for control of malaria have not given expected results due to vector developing resistance to insecticides and parasite developing resistance to drugs in certain areas, financial constraints, environmental and developmental factors.

(e) For effective control of malaria, malariogenic stratification alongwith implementation of revised approach consisting of prompt case detection and treatment and use of new bio-technologies for vector control are planned.

Strike by Medical Staff of various Hospitals

1138. SHRI S. VIDUTHALAI VIRUMBI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the exact periods when medical, para medical and non-medical staff of various Central Government and Union Territories, hospitals observed strike during the last three years the details thereof;

(b) whether the strike period in each case was treated on the basis of 'no work-no pay' rule; and

(c) if not, what are the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): (a) to (c) The information is being collected and will be laid on the Table of the Sabha.

Allocation of Budget for the Health and Family Welfare

1139. SHRI VIRENDRA KATARIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Budget allocation for Health is the lowest as compared to other countries; and

(b) if so, what are the reasons thereof and what steps are being taken for allocation of more funds for the Health and Family Welfare?

THE DEPUTY MINISTER IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PABAN SINGH GHATOWAR): (a) According to the World Develoment Report, 1993, the public health expenditure in India as a percentage of the GDP is comparable to or somewhat lower than other countries in the Asian group.

(b) Under the Constitution of India Health is a State subject and over three quarters of the Health expenditure is incurred by the State Governments who assign funds based upon their sectoral priorities and overall availability of funds.

The Central Govt. supports the States in critical areas particularly, disease control. During 1992-93 the overall Plan allocation was increased by 48% and the increasing trend has been maintaned in 1993-94.

Poorest Hospitals' Capacity in India

1140. SHRI SURESH KALMADI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) Whether Government's attention has been drawn to the news-item published in Hindustan Times of 19th July, 1993 stating therein that hospitals' capacity in India is poorest; and

(b) if so, what is Government's reaction thereto?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): (a) Yes, Sir.

(b) Health is a state subject under the constitution. The opening of hospitals/dispensaries is the responsibility of the respective State Governments, which take necessary decision in the matter keeping in view the needs of the population and availability of resources.

National Policy on Medical Education

1141. SHRIMATI CHANDIKA ABHINANDAN JAIN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether a national policy on the subject